

POSITION	ID NO.	DATE
CLASSIFIER	20	4/11/64
EXAMINER	304	4-7
TYPIST	350	4/8
VERIFIER	350	4/10/64
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	✓ 4/11/64
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3	✓ A
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## SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through number) Canceled
- ..... Restricted
- + ..... Non-elected
- ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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